DATEME AND MARKET STATEMENT								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective December 8, 2004							ORD	09/882089					
1	RCE			S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
L	TOTAL CLAIM						RATE	FEE	٦	RATE			
Ľ	OR	NUMBE	R FILED	NUM	IBER EXTRA		BASIC FI	100		BASIC FE			
Ľ	OTAL CHARGE	15 m	inus 20=	•			X\$ 25		OR	7050			
ž	IDEPENDENT (/ n	ninus 3 =	•			X100=		┤```	Y000			
	ULTIPLE DEPE	NDENT CLAIM F	RESENT						╁┈┈	OR	-	+	
*	If the difference	e in column 1 is	less than a	ess than zero, enter "0" in column 2				+180=	200	4OR	L		
CLAIMS AS AMENDED - PART II								TOTAL	1375	OR	TOTAL	<u></u>	
_		(Column 1)	TINE (VDE)	(Column 2) (Column 3)				SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
QN	Total	*	Minus	**		=		X\$ 25=		OR	X\$50=		
AME	Independent	A TATION OF M	Minus	***		•		X100=		OR	X200=		
	CINOT PRESE	NTATION OF M	JUIPLE DE	PENDENT	CLAIM			+180=		OR	+360=		
				•			L	TOTAL	 	1	TOTAL		
		(Column 1)		(Columi	n 2)	(Column 3)	A	DDIT. FEE	<u> </u>	JON A	ADDIT. FEE	L	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		Ξ	,	K\$ 25=		OR	X\$50=		
AME	Independent	ATATION OF MA	Minus	***		-	1	K100=		OR	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+360=		
							<u> </u>	TOTAL DIT. FEE		L			
	(Column 1) (Column 2) (Column 3)									Φ'	DDIT. FEE		
١,		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	T R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
: -	Total		Vinus .			Ä.		¢ 26	FEE		V050	FEE	
	ndependent ,		Minus	***		•	\vdash	\$ 25= 100=		Ť	X\$50=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X200=		
10	If the controls									OR.	+360=		
30.0	If the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									` L.	TOTAL DIT. FEE		
n	e "Highest Numb	per Previously Paid er Previously Paid I	For IN THIS For (Total or I	SPACE is les	ss than is the h	3, enter "3." Ighest number f		IT. FEE L n the appr		MU			
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